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WorryFreeDME

Compliance Documentation Pack

Custom Molded Goutlet - Precasting Packet

To be completed by physician:

Biomechanical Evaluation Form (Medical Record Information)

- Documents medical necessity

Document of Medical Necessity

- Justifies qualification for use of AFO
 Details reason for prefabricated versus custom device
 Justifies level of fitting (off-the-shelf versus custom-fitted)
 Justifies code(s) selected

Prescription

- Description of the items
 Patient Name
 Physician's printed name
 Diagnosis
 Physician's signature (no stamps allowed)
 Date (no stamps allowed)
 Indication if right and / or left limb affected

To be given to Patient:

Proof of Delivery

- Patient Printed Name
 Date of delivery
 Item Description
 Item Code(s)
 Patient Signature
 Patient Address

DMEPOS Supplier Standards

To be completed by Supplier / Physician:

Dispensing Chart Notes

- Type of orthosis
 Describes method of fitting
 Documents patient satisfaction

* Confirms delivery of Supplier Standards

The OHI Family of Brands





Created by:

The American College of
FOOT & ANKLE ORTHOPEDICS
& MEDICINE

Biomechanical Evaluation Form

Patient Name:	
Chief Complaint:	
History of problem:	
Nature of discomfort/pain	
Location (anatomic)	
Duration	
Onset	
Course	
Aggravating and/or alleviating factors	

Left	Stance Evaluation:	Right	Normative values:	Treatments and response
	Angle of gait:->			
	Base of gait:->			
	Foot appearance			
	Tibial influence		0°-2° varus or valgus	
	Relaxed calcaneal stance position (RCSP)		0°	
	Neutral calcaneal stance position (NCSP)		0°	
	Non-Weight Bearing Evaluation:			
	Limb length:->		Equal	
	Hip sagittal plane-			
	Knee extended		Flexion 120°/extension 20-30°	
	Knee flexed		Flexion 45-60°/extension 20-30°	
	Hip transverse plane-			
	Knee extended		45° each direction	
	Knee flexed		45° each direction	
	Hip frontal plane		45° each direction	
	Knee sagittal plane		Flexion 120°/extension 0-10°	
	Knee recurvatum		Absent	
	Ankle sagittal plane-			
	Knee extended		Dorsiflexion 10°/plantarflexion 40-70°	
	Knee flexed		Dorsiflexion 10°/plantarflexion 40-70°	
	Subtalar joint-			
	Inversion		20°	
	Eversion		10°	
	Subtalar joint axis location			
	Midtarsal joint		0°	
	1 st ray range of motion		Dorsal & plantar excursion 5mm	
	1 st MTPJ range of motion		Dorsal 65° or >unloaded/20-40° loaded	
	Lesser MTPJ's			
	Other comments:			
	Muscle testing (extrinsics):			
	Invertors		5/5: normal strength	
	Evertors		5/5: normal strength	
	Dorsiflexors		5/5: normal strength	
	Plantarflexors		5/5: normal strength	
	Neurological testing:			
	Romberg->		Balance intact	
	Patellar reflex		2+ normal	
	Achilles reflex		2+ normal	
	Babinski		No hallux extension	
	Clonus		Absent	
	Protective sensation		Present	
	Gait Evaluation -			
	Gait pattern			
	Comment on head/shoulders, spine, pelvis, sagittal/transverse/frontal plane, postural, etc.			
	Footgear (size/width, wear pattern(s))->			
	Existing orthoses/type->			
	Weight->			
	Height->			
	Biomechanical assessment:			
	Treatment plan:			
	Enter assistant name		Enter date of exam	
	Signature of assistant		Signature of physician	

Save in patient's chart



Document of Medical Necessity: Custom Molded Gauntlet

Patient Name: _____

HICN: _____

Prognosis: Good Duration of usage: 12 Months

I certify that Mr. / Ms. _____ qualifies for and will benefit from an ankle foot orthosis used during ambulation based on meeting all of the following criteria. The patient is:

- Ambulatory, and
- Has weakness or deformity of the foot and ankle, and
- Requires stabilization for medical reasons, and
- Has the potential to benefit functionally

The patient's medical record contains sufficient documentation of the patients medical condition to substantiate the necessity for the type and quantity of the items ordered.

The goal of this therapy: (indicate all that apply)

- Improve mobility
- Improve lower extremity stability
- Decrease pain
- Facilitate soft tissue healing
- Facilitate immobilization, healing and treatment of an injury

Necessity of Ankle Foot Orthotic molded to patient model:

A custom (vs. prefabricated) ankle foot orthosis has been prescribed based on the following criteria which are specific to the condition of this patient. (indicate all that apply)

- The patient could not be fit with a prefabricated AFO
- The condition necessitating the orthosis is expected to be permanent or of longstanding duration (more than 6 months)
- There is need to control the ankle or foot in more than one plane
- The patient has a documented neurological, circulatory, or orthopedic condition that requires custom fabrication over a model to prevent tissue injury
- The patient has a healing fracture that lacks normal anatomical integrity or anthropometric proportions

I hereby certify that the ankle foot orthotic described above is a rigid or semi-rigid device which is used for the purpose of supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured part of the body. It is designed to provide support and counterforce on the limb or body part that is being braced. In my opinion, the custom molded ankle foot orthosis is both reasonable and necessary in reference to accepted standards of medical practice in the treatment of the patient condition and rehabilitation.

Signature of Prescribing Physician: _____

Type I NPI: _____

Date: ____/____/____

Printed Name of Prescribing Physician _____

Phone: _____

The OHI Family of Brands



Rx: Custom Molded Gauntlet

Doctor Name: _____

Patient Name: _____

Prognosis: Good Duration of usage: 12 Months

Product Brand and Model: _____

Product Information (Check brand and model, circle base code and addition(s)):

Arizona Brace® Standard, Tall, AZ Sporty™, AZ Breeze™, Moore Balance Brace™

- R L **L1940** Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
- R L **L2330** Addition to lower extremity, lacer molded to patient model
- R L **L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

Arizona Brace® - Articulated

- R L **L1970** A semi-rigid molded plastic orthosis to hold the foot in neutral position (dorsi-plantar flexion), controls foot position, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
- R L **L2330** Addition to lower extremity, lacer molded to patient model
- R L **L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

If Dorsiflex assist, ADD:

- R L **L2210** Addition to lower extremity, dorsiflexion assist (plantar flexion resist), (two per brace)

AZ Slim™

- R L **L1904** AFO molded ankle gauntlet
- R L **L2330** Addition to lower extremity, lacer molded to patient model
- R L **L2820** Addition to lower extremity orthosis, soft interface for plastic below knee section

Arizona Brace® - Extended, Unweighting

- R L **L1960** Plastic orthosis, custom molded from a model of the patient, custom fabricated, includes casting and cast preparation.
- R L **L2330** Addition to lower extremity, lacer molded to patient model
- R L **L2820** Addition to lower extremity orthosis, soft interface for mold plastic below knee section

Arizona Mezzo™

- R L **L1907** Ankle orthosis, supramalleolar, with straps, with or without pads, custom fabricated
- R L **L2330** Addition to lower extremity, lacer molded to patient model

Arizona Mezzo™ - Partial Foot

- R L **L1907** Ankle orthosis, supramalleolar, with straps, with or without pads, custom fabricated
- R L **L2330** Addition to lower extremity, lacer molded to patient model
- R L **L5000** Partial foot, shoe insert, with longitudinal arch, toe filler

DX: (indicate all that apply) - Corresponds to Biomechanical Examination Form

Adult Acquired Flatfoot (PTTD)

- Flat foot [pes planus] (acquired)
 - right (M21.41) left (M21.42)
- Spontaneous rupture of other tendons, ankle and foot
 - right (M66.871) left (M66.872)
- Disorder of ligament, ankle
 - right (M24.271) left (M24.272)
- Disorder of ligament, foot
 - right (M24.274) left (M24.275)
- Other acquired deformities of foot
 - right (M21.6X1) left (M21.6X2)

Amputation

- Acquired absence of great toe
 - right (Z89.411) left (Z89.412)
- Acquired absence of other toe(s)
 - right (Z89.421) left (Z89.422)
- Acquired absence of foot
 - right (Z89.431) left (Z89.432)

Foot Drop

- Foot Drop, acquired
 - right (M21.371) left (M21.372)

Hemiplegia

- affecting right dominant side (I69.951)
- affecting left dominant side (I69.952)
- affecting right non-dominant side (I69.953)
- affecting left non-dominant side (I69.954)

Lateral Ankle Instability

- Other specific joint derangements of ankle, not elsewhere classified
 - right (M24.871) left (M24.872)

DJD of Ankle and Rearfoot

- Primary osteoarthritis, ankle and foot
 - right (M19.071) left (M19.072)
- Pain in ankle and joints of foot
 - right (M25.571) left (M25.572)
- Pain in lower leg
 - right (M79.661) left (M79.662)
- Pain in foot
 - right (M79.671) left (M79.672)
- Other specified congenital deformities of feet (Q66.89)

Other

Foot Risk / Imbalance

- Muscle weakness, generalized (M62.81)
- Ataxic gait (R26.0)
- Difficulty in walking (R26.2)
- Unsteadiness on feet (R26.81)
- Other abnormalities of gait and mobility (R26.89)
- Condition is bilateral

Therapeutic Objective(s): (indicate all that apply)

- Improve mobility
- Facilitate soft tissue healing
- Improve lower extremity stability
- Facilitate immobilization, healing and treatment of an injury
- Decrease pain

Signature of Prescribing Physician: _____ Type I NPI: _____ Order Date: ____/____/____

(Must be current with CMS)

Prescribing Physician Printed Name: _____

The OHI Family of Brands



Dispense Date: _____

Work Order #: _____

Gauntlet AFO Collection



Arizona Brace®

Standard (5" above ankle) Tall (9" above ankle)

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



Arizona Brace®

Unweighting (Proximal ht. 1" below fibular head)

Extended (Proximal ht. 1" below fibular head)

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



Arizona Brace® - Articulated

Standard Tall

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks

Hinge: Tamarack Tamarack Dorsi - Assist



AZ Sporty™
(5" above ankle)

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks



AZ Breeze™

Standard Tall

Color: Sand Black

Closure: Laces Velcro Speed Laces Boot Hooks



AZ Slim™
(5" above ankle)

Color: Sand Black White Brown Pink

Closure: Laces Velcro Speed Laces Boot Hooks

* No plastic shell



Moore Balance Brace™

Color: Sand Black

Closure: Laces Velcro

* Full foot & removable insole options not available on MBB

Bundle with Moore Balance Shoe (MBS)

Gender: _____ Size: _____ Width: _____



Arizona Mezzo™

Standard Partial Foot

Color: Sand Black White Brown

Closure: Laces

Additional Charge options: Foot plate to end of toes (Our standard trim length is proximal to met heads) Removable, multi density insole

Patient Information: Patient Name: _____ Height: _____ Weight: _____

Dx: _____ Gender: Male Female

D.O.B: _____ Shoe Size: _____ Right Foot Left Foot Bilateral

Shipping and Billing Information: Bill to my account: Arizona SafeStep Account # _____

Practitioner: _____ PO#: _____

Facility Name: _____ Email: _____

Phone: _____ Fax: _____

Ship to address: _____

Bill to address: _____

Manufacturing and shipping:

MFG: 3 Business Days (\$75.00) 7 Business Days (\$50.00)

Ship: Ground 3 Day Air 2 Day Air Overnight Other: _____

Special Instructions: If you do not want the dorsi-plantar angle of the cast set to our recommendations, please choose:

Leave cast exactly as is Correct Ankle Varus / Valgus Correct Forefoot to Neutral Other _____

Remarks: _____